

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13694

State File No. _____

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u> <u>0272</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>At home, 401 E. High St.</u>				d. STREET ADDRESS (If rural, give location) <u>401 E. High St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Helen</u>		b. (Middle) <u>Lalley</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>9</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 4</u> 1879		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Clerk Drygoods Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Whatcheer, Iowa</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Lalley</u>		13b. MOTHER'S MAIDEN NAME <u>Not known.</u>		14. NAME OF HUSBAND OR WIFE <u>Harry E. Moore, Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>495-12-0772</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry E. Moore, Jr., Boonville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation & Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Abdomen</u> DUE TO (c) <u>Carcinoma, Inoperable, Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>12-17-52</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Others</u> <u>3 months</u>	
19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Inoperable</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boonville Mo</u>		21c. HOW DID INJURY OCCUR? <u>153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>JAN. 16</u> , 1953, to <u>April 2</u> , 1953, that I last saw the deceased alive on <u>April 2</u> , 1953, and that death occurred at <u>9:50 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. T. Humphreys M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>April 19 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>SG Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. H. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.